



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3773

<b>SERIAL NUMBER</b> 09/394,135	<b>FILING OR 371(c) DATE</b> 09/10/1999 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> NAES1980
<b>APPLICANTS</b> DR. HOLGER K. ESSIGER, WEDEMARK, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/113,031 07/09/1998 ABN <i>yes a</i>				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 29 222.4 07/09/1997 <i>yes a</i> GERMANY 198 03 628.0 02/01/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/29/1999				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>met</i>		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 40
Verified and Acknowledged <i>met</i> Examiner's Signature <i>met</i> Initials <i>a</i>				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 30996				
<b>TITLE</b> DEVICE FOR REGENERATING, REPAIRING, AND MODELING HUMAN AND ANIMAL BONE, ESPECIALLY THE JAW AREA FOR DENTAL APPLICATIONS				
<b>FILING FEE RECEIVED</b> 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	